

DEREK SCHMIDT

State of Kansas

Office of the Attorney General

CONSUMER PROTECTION DIVISION

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CHARITABLE ORGANIZATIONS INVESTIGATIVE REQUEST

WEBSITE: WWW.INYOURCORNER KANSAS.ORG

ATTORNEY GENERAL WWW.INYOURCORNER KANSAS	
PERSONAL INFORMATION (SIGNATURE REQUIRED ON PAGE 3)	INFORMATION ABOUT THE CHARITABLE ORGANIZATION
NAME: MR. MS. MRS. DATE OF BIRTH:	COMPANY NAME:
ADDRESS: APT.#	Address:
CITY, STATE, ZIP, COUNTY:	CITY, STATE, ZIP:
DAYTIME PHONE #:	PHONE #:
EMAIL ADDRESS:	SALESPERSON:
INFORMATION A	CONTACT PERSON: BOUT THE INCIDENT
WHEN WERE YOU FIRST CONTACTED BY THIS ORGANIZATION? DATE: TIME: FIRST CONTACT BETWEEN YOU AND THE CHARITY: PERSON CAME TO MY HOME I RECEIVED A TELEPHONE CALL I RESPONDED TO A RADIO / TV AD / MAILING OTHER (EXPLAIN)	WHERE DID THIS CONTACT TAKE PLACE? OVER THE PHONEAT HOMEAT THE CHARITYBY MAILOTHER (EXPLAIN)
DID YOU DONATE TO THIS CHARITABLE ORGANIZATION? YES / NO IF YES, WHEN DID YOU DONATE:	WAS YOUR DONATION MADE THROUGH A THIRD-PARTY SOLICITOR OR PROFESSIONAL FUNDRAISER? YES / NO / UNKNOWN IF YES,
AMOUNT(S) DONATED:	WAS THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CHARITABLE ORGANIZATION DISCLOSED? YES / NO
PAID BY:CASHCHECKCREDIT CARD OTHER (EXPLAIN)	WAS THE REGISTRATION NUMBER FOR THE CHARITABLE ORGANIZATION DISCLOSED? YES / NO WAS THE REGISTRATION NUMBER FOR THE PROFESSIONAL SOLICITOR DISCLOSED? YES / NO

WERE YOU PROVIDED WITH ANY INFORMATION ABOUT THE CHARITY DECEPTIVE? YES / NO (IF YES, EXPLAIN)	Y THAT WAS FALSE, A MISREPRESENTATION, OR IN ANY OTHER WAY
WAS YOU DONATION USED FOR A PURPOSE CONSISTENT WITH THE IN YES / NO (IF NO, EXPLAIN)	NFORMATION YOU WERE PROVIDED DURING THE SOLICATION?
IF REPRESENTED BY AN ATTORNEY REGARDING THIS MATTER, LIST N	NAME, ADDRESS, AND TELEPHONE NUMBER:
INEADMATION FOR CURDENT OR R	ORMER EMPLOYEES / VOLUNTEERS
WHEN DID YOU BEGIN TO WORK / VOLUNTEER FOR THE CHARITY AND HOW DID YOU HEAR ABOUT THAT OPPORTUNITY?	ARE YOU STILL EMPLOYEDS / VOLUNTEERING FOR THIS CHARITABLE ORGANIZATION? YES / NO
	PLEASE NOTE THAT ANY INFORMATION PROVIDED MAY BE REVIEWED BY THE CHARITY OR BECOME SUBJECT TO PUBLIC DISCLOSURE.
HAVE CHARITABLE FUNDS OR ASSETS BEEN LOST, WASTED, OR DIVERTED FROM THEIR PROPER PURPOSES OR IS THERE A RISK THIS WILL OCCUR? IF YES, EXLAIN	HAS ACTION BEEN TAKEN WITHIN THE ORGANIZATION OR WITH LAW ENFORCEMENT AGENCIES TO RESOLVE THIS PROBLEM? IF YES, EXPLAIN
LIST NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSON ADDITIONAL INFORMATION:	NS WHO MAY BE RESPONSIBLE FOR THIS PROBLEM OR HAVE

DESCRIPTION OF INCIDENT PLEASE DESCRIBE THE INCIDENT IN CHRONOLOGICAL ORDER (ADD ADDITIONAL PAGES AS NECESSARY).	
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RELEVANT DOCUMI	ENTATION
PLEASE PROVIDE COPIES OF ALL DOCUMENTS RELEVANT TO THE ALLEGED TISING MATERIAL, RECEIPTS, LETTERS, CHECKS (FRONT AND BACK), PHOTOG RELEVANT DOCUMENTS MAY CAUSE UNNECESSARY DELAY IN THE HANDLINGDOCUMENTS ENCLOSED	GRAPHS, TAX STATEMENTS, ETC. FAILURE TO PROVIDE ALI
VERIFICATION	ON
	OTALLY DISABLEDILLITERATE
IN FILING THIS REQUEST, I UNDERSTAND AND AGREE THAT THE ATTORNEY OBUT INSTEAD REPRESENT THE STATE OF KANSAS IN ENFORCING LAWS DESIGNABLE ACTS AND PRACTICES. I UNDERSTAND THAT KANSAS LAW LIMITS VATE LEGAL ACTION(S). I FURTHER UNDERSTAND AND AGREE THAT THE COMPLETY THE REQUEST IS DIRECT AGAINST, MAY BE FORWARDED TO OTHER OTHERS UNDER THE KANSAS OPEN RECORDS ACT. I HEREBY AUTHORIZE AN COMPLAINT TO RELEASE ANY AND ALL INFORMATION ABOUT THIS MATTER TORNEY GENERAL'S OFFICE. FINALLY, I DECLARE AND VERIFY UNDER PENTILE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	NED TO PROTECT THE PUBLIC FROM DECEPTIVE AND UNCON STHE PERIOD OF TIME DURING WHICH I MAY FILE ANY PRICONTENTS OF THIS REQUEST MAY BE FORWARDED TO THIS APPROPRIATE AGENCIES, AND WILL BECOME ACCESSIBLE TO Y PARTY TO WHOM THE ATTORNEY GENERAL DIRECTS THIS, INCLUDING ACCOUNT INFORMATION, TO THE KANSAS AT
SIGNATURE OF COMPLAINTANT (REQUIRED)	